Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IO 5-2-15-3.

Date:	<u>06/29</u> /2 <u>010</u>	Address:	RR Tracks on Bishop Rd
Case #:	<u>24-3165</u> 5		<u>south of CR 129</u> 0 <u>N</u>
County:	<u>Kosciusko</u>		Syracuse, IN
Type of Laboratory Scizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location (a Residence Outbuilding Vehicle	check all that apply) If the local interpolation is a second content of the local interpolation in the local interpolation is a second content of the local interpolation in the local interpolation in the local interpolation is a second content of the local interpolation in the local interp
Items Found: Location (bedroom, kitchen, open air, ctc) (check all that apply) Lithium/Ammonia Reaction(s):			
Other (item and location): oxidizer / open			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephcdrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Department: <u>Syracuse - VFD</u> Health Department: <u>Kosciusko Co. IID</u> Child Protection Service: <u>N/A</u>		Fax: 574-45 Fax: (574) 1 Fax:	 :
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Braden Wentworth</u> Phone 574-546-4900			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.